| PECIAL EVENT PERMIT |
|--|
| |
| 2. Contact Person: |
| |
| E-Mail: |
| Street Address: |
| |
| |
| City, State, Zip Code |
| |
| |
| Telephone No. Home: Work: |
| Fax: |
| 5. Type Event (activity): |
| · · · · · |
| |
| 7. Number of participants: |
| |
| 9. No. of participating boats: |
| treated to the first terms of |
| 11. No. of spectator boats: |
| The state of the s |
| |
| [] No |
| |
| what basis will prizes be awarded? |
| |
| |
| |
| |
| |

DO NOTWRITE BELOW THIS LINE

17. Will the organizer or organization have liability insurance coverage?

Application status: [] Approved [] Incomplete information [] Denied

18. Signature of applicant

Reviewing officials signature:

The state of the s

[] Yes [] No

Permit No.

Date:

Date: